

**TO ENSURE YOUR LATERAL TRANSFER REQUEST OR APPLICATION IS PROPERLY  
RECEIVED AND PROCESSED  
PLEASE READ THESE INSTRUCTIONS BEFORE APPLYING TO DMHAS POSTINGS**

**STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)  
HUMAN RESOURCES SERVICES CENTER/EMPLOYMENT SERVICES DIVISION**

*Shaping a quality, diverse workforce through competence, commitment and pride.*

Thank you for your interest in employment opportunities with the Department of Mental Health and Addiction Services (DMHAS). DMHAS promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance abuse prevention and treatment throughout Connecticut. DMHAS postings can be found on our website at [www.ct.gov/dmhas/employmentopportunities](http://www.ct.gov/dmhas/employmentopportunities).

**To be considered as a valid candidate for employment opportunities with the Department, please follow the instructions on the individual postings.**

The DMHAS Lateral Transfer Request Form and State Employment Application (PLD-1) with the DMHAS Addendum to the State Employment Application (PLD-1) can be found on the DMHAS website at [www.ct.gov/dmhas/employmentopportunities](http://www.ct.gov/dmhas/employmentopportunities). Lateral Transfer Request Forms and Applications with the DMHAS Addendum to the State Employment Application (PLD-1) must be received by the DMHAS Employment Services Division **on or before midnight of the posting closing date** or they will be considered invalid.

Due to the large number of lateral transfer forms and applications received, it is extremely important to note the **Position Number (found on the posting)** on the DMHAS Lateral Transfer Request Form (**upper right-hand corner**) and on the State Employment Application (PLD-1) in the **"EXAM NO"** Section and on the DMHAS Addendum to the State Employment Application (PLD-1) in the (upper right-hand corner). Remember to attach copies of applicable academic certificates/diplomas (i.e. Masters' Degree), certifications and licenses.

There are three ways to submit the DMHAS Lateral Transfer Request Form and/or Employment Application:

- Fax: 860-262-6770 (preferred method) - **The fax receipt is your confirmation that the Employment Services Division received your form/application.**
- Send via US mail: DMHAS Employment Services Division, P.O. Box 1508, 460 Silver Street, Middletown, CT 06457
- E-mail (to Human Resource Contact Person listed on posting)

All DMHAS employees are subject to clearance through appropriate criminal background, Office of Inspector General Federal Sanctions check, reference checks as well as a pre-employment physical. All offers of employment are contingent upon successful clearance through these processes.

Some positions require taking and passing a state examination. Visit <http://www.das.state.ct.us/exam/default.asp> of the Department of Administrative Services' (DAS) **examination announcements**. **When applying to take a Department of Administrative Services State announced examination**, you must complete a State Employment Application (PLD-1) which also can be found on the DAS website. Follow the mailing/faxing instructions on the Department of Administrative Services examination announcement. You can also access the State-wide employment opportunities by visiting the Department of Administrative Services' website at <http://www.das.state.ct.us/exam/default.asp>.

DMHAS positions will be filled in accordance with State policies and procedures and established reemployment, transfer, promotion and SEBAC employment obligations.

If you have questions or need further information, please call 860-262-6749 between the hours of 10:00 a.m. and 3:00 p.m.

**DMHAS is an Affirmative Action/Equal Opportunity Employer. Members of protected classes and/or individuals in recovery are encouraged to apply.**

# APPLICATION FOR EXAMINATION OR EMPLOYMENT

PLD-1 rev. 3/06

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

## STATE OF CONNECTICUT

**INSTRUCTIONS:** Read the detailed instructions on the final page of this application and on the examination announcement before completing this application form. Type or print answers to ALL questions.

APP		DIS		BY		REV		Reason for Disapproval		AE Date		SUBJECT TO:			
<b>DO NOT WRITE</b> in shaded area		1. Lack of Gen. Exp.		3. Lack of Sp. Exp.											
		2. Length of Gen. Exp.		4. Length of Sp. Exp.											
		5. Other _____													
EXAMINATION TITLE										EXAM NO.					
NAME (Last)						(First)						(MI)		SUFFIX (JR., DR.)	
ADDRESS (Number and Street)															
CITY										STATE		ZIP CODE (Last 4 digits are optional)			
AREA CODE				HOME PHONE NUMBER				AREA CODE		BUSINESS PHONE NUMBER				EXTENSION	
Cellular Phone Number:				Area Code				Cell Phone Number				E-mail Address:			
May we call you at work?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License				<input type="checkbox"/> Yes <input type="checkbox"/> No		If you are 17 years old or younger, enter your age			
What kind of position are you applying for?				<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either		Are you currently employed by the State of Connecticut				<input type="checkbox"/> Yes <input type="checkbox"/> No					
IF STATE EMPLOYEE, GIVE YOUR OFFICIAL CLASS TITLE				IS THIS A FULL-TIME POSITION?				MAJOR DEPT.				BUREAU, DIVISION OR AGENCY WITHIN DEPT.			
				<input type="checkbox"/> Yes <input type="checkbox"/> No											
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12															
SCHOOL		NAME		ADDRESS		DATES ATTENDED		CREDIT HOURS COMPLETED		TYPE OF DEGREE RECEIVED		MAJOR COURSE OF STUDY		DID YOU GRADUATE?	
						FROM TO									
TECHNICAL OR BUSINESS															
COLLEGE OR UNIVERSITY															
OTHER EDUCATION															
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering)															
KIND(S)		ISSUED BY		DATE ISSUED		EXPIRATION DATE		NO.							
Do you speak, read or write a language other than English? <input type="checkbox"/> Yes (specify language) (This information is voluntary unless required by the exam announcement.)															

SOCIAL SECURITY NUMBER:

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

### INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)			Company Name			Type of Business		
Title of Immediate Supervisor			Dept. Where Assigned			Business Address/Phone No.		
Employed From (Mo.)	To: (Yr.)	(Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Per	Hours Per Week (Full time)	(Part-time)
No. and Titles of Employees Supervised by You					Reason for Leaving			
DUTIES (must be listed)								
Official Job title			Company Name			Type of Business		
Title of Immediate Supervisor			Dept. Where Assigned			Business Address/Phone No.		
Employed From (Mo.)	To: (Yr.)	(Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Per	Hours Per Week (Full time)	(Part-time)
No. and Titles of Employees Supervised by You					Reason for Leaving			
DUTIES (must be listed)								
Official Job title			Company Name			Type of Business		
Title of Immediate Supervisor			Dept. Where Assigned			Business Address/Phone No.		
Employed From (Mo.)	To: (Yr.)	(Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Per	Hours Per Week (Full time)	(Part-time)
No. and Titles of Employees Supervised by You					Reason for Leaving			
DUTIES (must be listed)								

**CERTIFICATION:** I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPLICANT DATA

**SOCIAL SECURITY NUMBER**

			–			–				
--	--	--	---	--	--	---	--	--	--	--

**CONTACT:** May we contact your present employer?

☐

Yes

☐

No

**CRIMINAL CONVICTIONS:** Answers to the following question will be considered for examination/employment purposes if relevant to the position/exam for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

☐

Yes

☐

No

If, "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

**Special Note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

**VETERAN'S PREFERENCE:** Any veteran who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veterans' credit. Time of war periods include: 12/7/41 to 12/31/47; 6/27/50 to 1/31/55; 7/1/58-11/1/58; 2/28/61 to 7/1/75; 9/29/82 to 3/30/84; 10/25/83 to 12/15/83; 2/1/87 to 7/23/87; 12/20/89 to 1/31/90; and 8/2/90 to the present.

Do you claim Veteran's Preference (5 points)? If yes, check one of the following.

☐

A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

☐

B. As a spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veteran's disability is unable to pursue gainful employment.

☐

C. As an unmarried surviving spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

You may also be eligible for Veteran's Preference (5 points), if:

☐

You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States, and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal.

Do you claim Disabled Veteran's Preference (10 points)? If yes, check one of the following.

☐

A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

☐

B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration, and who is unable to pursue gainful employment due to the veteran's disability.

☐

C. As an unmarried surviving spouse of a disabled Veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

**IMPORTANT:** Proof of right to Veteran's Preference (DD214) and other relevant information must be submitted to DAS/Human Resources, Room 422, 165 Capitol Avenue, Hartford, CT 06106-1630 - (Fax 860-713-7470), if not already on file.

☐

Proof previously submitted.

☐

Proof attached to this application.

**Note:** Veterans' points are only added after a candidate passes an open competitive examination. (C.G.S. 5-224).

## APPLICANT DATA

SOCIAL SECURITY NUMBER

			–			–				
--	--	--	---	--	--	---	--	--	--	--

**TESTING ACCOMMODATIONS:** Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the Staffing Services Unit of DAS/Human Resources at 860-713-7463, (voice and TDD) immediately upon submitting an application for this examination. Provide the exam title and number, your social security number, and a description of your specific needs.

### Voluntary:

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

A. SEX: Female ☐ Male ☐

### B. RACE/ETHNIC DATA

- ☐ 1. BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- ☐ 2. HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ 3. WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ 4. AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ 5. ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity? Check the appropriate box(es) below:

- ☐ 1. State of Connecticut Internet site.
- ☐ 2. Newspaper, professional journal, radio or TV advertisement.
- ☐ 3. Posting.
- ☐ 4. Direct e-mail or paper mailing.
- ☐ 5. Present state employee.
- ☐ 6. Career fair.
- ☐ 7. Other: Please specify: \_\_\_\_\_

**Department of Mental Health and Addiction Services  
Addendum to Employment Application (PLD-1)**

<b>1. Position Applying for:</b>	<b>Position #:</b>
Name:	Social Security #:
If employed by State, Employee #	

<b>2. Please indicate and prioritize the shifts and hours you would be willing to work:</b> <input type="checkbox"/> First (Day) <input type="checkbox"/> Second (Evening) <input type="checkbox"/> Third (Night) <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
--

<b>3. Please indicate your location choice(s):</b>	
<input type="checkbox"/> Connecticut Valley Hospital (Middletown) <input type="checkbox"/> River Valley Services (Middletown) <input type="checkbox"/> Southeastern MH Authority (Norwich) <input type="checkbox"/> Connecticut Mental Health Center (New Haven) <input type="checkbox"/> Capitol Region Mental Health Center (Hartford)	Cedarcrest Hospital <input type="checkbox"/> Cedarcrest Hospital (Newington) <input type="checkbox"/> Blue Hills Hospital (Hartford)  Southwest CT Mental Health System <input type="checkbox"/> Greater Bridgeport Community MH Center (Bridgeport) <input type="checkbox"/> F.S. Dubois Center (Stamford)
Office of the Commissioner <input type="checkbox"/> Statewide Locations <input type="checkbox"/> Hartford	Western CT Mental Health Network <input type="checkbox"/> Northwest Mental Health Authority (Torrington) <input type="checkbox"/> Greater Waterbury Mental Health Authority (Waterbury) <input type="checkbox"/> Greater Danbury Mental Health Authority

<b>4. Are you eligible to work in the US:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If not, immigration status:
---

<b>5. Federal Sanctions Check:</b> DMHAS commits to screening of new employees under the department's policy for Office of Inspector General (OIG) compliance. It is the practice of the Human Resource professional to verify and review the background of potential hires prior to final job offer. Have you ever been excluded, debarred, restricted, disqualified, or sanctioned from any federal state or government programs or organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:
--

<b>6. Working mandatory overtime may be an essential job function of the position you are applying for. If the position requires you to work overtime, can you perform this overtime requirement, which may include additional shifts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>7. Have you received any disciplinary action in your employment history?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Company: _____ Date: _____ Explain the circumstances:
--

<b>8. Have you received service rating/performance appraisals that were fair or less than satisfactory?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ Date: _____  Explain:
--

<b>9. Have you left a job for any reason other than voluntary resignation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ Date: _____  Explain:
---

<b>10. Have there been any actions against your professional license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a detailed explanation about nature of action and current status.
---

<b>11. If not currently employed by the State of Connecticut, were you ever employed by the State?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Department: _____ Dates of Employment: From: _____ to _____ Reason for leaving: _____  Department: _____ Dates of Employment: From: _____ to _____ Reason for leaving: _____
---

<b>12. Please Check the appropriate box(es):</b> <input type="checkbox"/> Access <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Internet <input type="checkbox"/> PowerPoint <input type="checkbox"/> Typing (wpm): _____ Other (specify): _____
--

<b>CERTIFICATION:</b> I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.
--

Signature:	Date:
------------	-------